

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-010839

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73  
FILED MAR 20 1963

Primary Registration District No. 3014

Registrar's No. 36

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Liberty

Length of stay in 1b

minutes

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

15 North Water

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Clay admission)

c. CITY  
OR  
TOWN

Liberty

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

15 North Water

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First James

Middle

Banning

Last

4. DATE  
OF  
DEATH

Month

Day

Year

March 10, 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-10-63

## 9. AGE (last birthday)

0

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

0 0 0 30

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Infant

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Liberty, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

Barbra Banning

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Barbra Banning Liberty, Mo.

## Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Prematurity

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

3/10/63.

to

3/10/63.

and last saw her him alive on 3/10/63

## Death occurred at

2:30

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

R.P. Bowles M.D.

## 22b. ADDRESS

Liberty, Mo.

## 22c. DATE SIGNED

3/11/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Cremation

## 23b. DATE

3-11-63

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Pasley Funeral Home Liberty, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-14-63

## 26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John Pasley*

Licensed Embalmer No.

*4308*

P. O. Address

*Liberty, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.